| (Re | equestor's Name) | |
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| PICK-UP | WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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R. WHITE

COVER LETTER

T0: Amendment Section Division of Corporations

WINCHESTER CLUB CONDOMINIUM ASSOCIATION ASS. NAME OF CORPORATION: N05000010594 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **GABE BROUDO** (Name of Contact Person) (Firm/Company) 2500 PARKVIEW DRIVE APT. 1912 (Address) HALLANDALE BEACH BLVD. FL 33009 (City/ State and Zip Code) GABEBROUDO@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **GABE BROUDO** (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$\Bigs\text{\$43.75 Filing Fee & \$\Bigs\text{\$43.75 Filing Fee &}}\$ □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

FILED 14 JAN 30 PM 5:32 SECREPARY TOTATE TALLAHASSEE, FLORIDA

WINCHESTER CLUB CONDOMINIUM ASSOCIATION ASS.

(Name of Corporation as currently filed with the Florida Dept. of State)

N05000010594

(Document Number of Corporation (if known)

| Pursuant to the provisions of section 617,1006, | Florida Statutes, this | Florida Not Fo | r Profit (| Corporation adopts t | he following |
|---|------------------------|----------------|------------|----------------------|--------------|
| amendment(s) to its Articles of Incorporation: | | | | | |

| . If amending name, enter the new na | ime of the corpora | ation: | |
|---|-------------------------|---|------------------|
| | | ration" 01 "incorporated" or the abbreviation "Corp | The o." or "I |
| Company" or "Co." may not be used in | the name. | | |
| Enter new principal office address, Principal office address MUST BE A S | | C) | |
| Thiopar office address <u>index be A o</u> | INCE TADDICO | | |
| | | | |
| Enter new mailing address, if applicable: | cable: | 1701 S FEDERAL HWY | |
| (Mailing address <u>MAY BE A POST</u> | OFFICE BUX) | LAKE WORTH | |
| | | FL 33460 | |
| | | | |
| If amending the registered agent an | d/or registered of | fine address in Florida, enter the name of the | |
| If amending the registered agent an new registered agent and/or the new | | fice address in Florida, enter the name of the address; | |
| | | | |
| new registered agent and/or the new | | | |
| new registered agent and/or the new | v registered office | | |
| <u>Name of New Registered Agent:</u> | v registered office | address; (Florida street address) | |
| <u>Name of New Registered Agent:</u> | v registered office | address; (Florida street address) Florida | ode) |
| new registered agent and/or the new Name of New Registered Agent: New Registered Office Address: www.Registered Agent's Signature, if ch | registered office (City | Address: (Florida street address) Florida(Zip C | · |

Page 1 of 4

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example: X Change X Remove X Add | <u>V</u> <u>Mil</u> | n Doc se Jones ly Smith | |
|----------------------------------|---------------------|-------------------------------|-------------------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | DIR | GUPTA RAHUL | 2702 KITTBUCK WAY |
| Add | | | WEST PALM BEACH |
| X Remove | | | FL 33411 |
| 2) X Change | SEC | WEBER MARK | 123 S GOLFVIEW DR |
| Add | | | LAKE WORTH |
| X Remove | | | FL 33461 |
| 3)Change | DIR | MANZANO JUAN | 112 C Wey Bridge Circle |
| X Add | | | ROYAL PALM BEACH |
| Remove | | | FL 33411 |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | 4.44 |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| E. <u>If amending or adding additional Articles, enter change(s) here:</u> (a <i>ttach additional sheets, if necessary). (Be specific)</i> | | | |
|--|--|--|--|
| N/A | | | |
| | 100 | | |
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| date this document was signed | () | , if other than the |
|--|---|---------------------|
| Effective date if applicable: | 1-26-2014 | |
| | (no more than 90 days after amendment file date) | |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/w was/were sufficient for ap | rere adopted by the members and the number of votes cast for the amendment(s) oproval. | |
| ☐ There are no members or adopted by the board of c | members entitled to vote on the amendment(s). The amendment(s) was/were lirectors. | |
| Signature(By the have | charman or vice chairman of the board, president or other officer-if directors to been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary) | |
| GABE B | ROUDO | |
| | (Typed or printed name of person signing) | |
| | (Title of person signing) | |